

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED APR 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14986

Registration District No. 167

Primary Registration District No. 5594

State File No.

Registrar's No. 16-5

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL - MERAMEC
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S HILL INFIRMARY EUTEKA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs - 3 wks 10 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JAMES Milligan

3. (b) If veteran,
name war _____

3. (c) Social Security
No. NONE

4. Sex MALE 5. Color or
race WHITE
6. (a) Single, widowed, married,
divorced WIDOWED
6. (b) Name of husband or wife MATTHEA JOWIE
6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased 6 8 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 10 13 hr. min.

9. Birthplace TEXAS County, Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business _____

MOTHER FATHER { 12. Name ROBERT Milligan
13. Birthplace KENTUCKY 1
(City, town, or county) (State or foreign country)
14. Maiden name MARY BOYD
15. Birthplace Union Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Brother Patrick O. H.
(b) Address St. Joseph's Hill Infirmary
17. (a) Burial (b) Date thereof 3-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Buried in Antonia Mo
18. (a) Signature of funeral director Arthur Heilig
(b) Address Antonia Mo
19. (a) 3/20/44 (b) J. A. Townsend
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1944 hour six minute 15 A. M.
21. I hereby certify that I attended the deceased from Feb.
14th, 1944, to Mar. 19, 1944,
that I last saw him alive on Mar. 18, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. S. Sargent (M. D. or other)
Address Eureka Mo Date signed 3/19/44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

386

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-18-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Arthur W. Heilinger
Licensed Embalmer No. 3876

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.